PART B - FEE(S) TRANSMITTAL

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	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEB (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for											
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for dry change of address) 22.895 7590 D1/26/2005					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
	PATRICK J S INOUYE P S 810 3RD AVENUE SUITE 258 SEATTLE, WA 98104					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sullicient postage for first class mail in an envelope addressed to the Mail Stop ISSUB FEE address above, or being facaimile transmitted to the USPTO (703) 746-4000, on the date indicated below.						
						Larissa V. Pigott (Depositors name)						
02/01/2005	EABUBAK2 00000010 10645980					farme Pigott				(Signature)		
01 FC:1501	1400.00 OP 300.00 DP					January 31, 2005				(Date)		
02 FC:1504 03 FC:8001	TO TOO AND TO TOO TOO TOO TOO TOO TOO TOO TOO TOO			INVENTOR		ATTORNEY O	OCKET NO.	CONFIRM	ATION NO.			
	10/645,980 08/22/2003			Gust H.	•		. 020.0336.			313		
	TITLE OF INVENTION: SYSTEM AND METHOD FOR DETERMINING A REFERENCE BASELINE OF PATIENT INFORMATION FOR AUTOMATED REMOTE PATIENT CARE											
	APPLN. TYPE	SMALL ENTITY	IŞŞÜE FI	EE B	PUBLICATION	FEE	TOTAL FE	E(S) DUE	DATE	SUD 3		
	nonprovisional	ИО	\$1400)	\$300		\$17	00	04/26	5/2005		
	EXAMINER		ART UNIT		CLASS-SUBCI							
	LAYNO, CARL HERNANDZ 3				607-03200	10						
	CFR 1.363). (1) the names of					on the patent front page, list of up to 3 registered patent attorneys lternatively,						
						f a single firm (baving as a member a new or agent) and the names of up to ont attorneys or agents. If no name is 3 will be printed.						
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
	PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment,											
	(a) name of assign	EG	(E) RESIDENC	E: (CITY and STA	TE OR CO	UNTRY)		•			
	Cardiac Intelligence Corporation Seattle, WA											
	Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(a) are enclosed: 4b. Payment of Fee(s):											
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	Advance Order - # 0	Copies 2			ctor is hereby authount Number			red fee(s), o lose an extra	r credit any o copy of this fo	verpayment, to		
	5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).											
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	Authorized Signature	YARJA9	<u> </u>			DateJa	nuary	31, 20	05			
	Typed or printed name _	Patrick J.S.	Inouye		1	Registration	No. 40,2	97		_		
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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

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The Law Offices of Patrick J.S. Inouye

810 3rd Avenue, Suite 258 Seattle, Washington 98104 Telephone: (206) 381-3900 Facsimile: (206) 381-3999

Facsimile Transmittal

To:	USPTO, Mail Stop Issue Fee	Fax:	(703) 746-4000 January 31, 2005			
From:	Patrick J.S. Inouye	Date:				
Re:	U.S. Patent Application Scrial No. 10/645,980	Pages:	_4 (including cover sheet)			
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	Regarding the above-identif	ied U.S. patent a	pplication, please	find attached therete		
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JAN 3 1 2005 PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE e Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid CMB control number Complete If Known Effective on 12/8/2004. Application Number 10/645,980 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). August 22, 2003 Filing Date FEE TRANSMITTAL First Named Inventor Bardy For FY 2005 Examiner Name Carl H. Layno Art Unit Applicant Claims small entity status. See 37 CFR 1.27 3762 Attorney Docket No. 020,0336.US.CON (\$) 1,706.00 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order Check X Credit Card None Deposit Account Name: Law Offices of Patrick J.S. Incurve Deposit Account Deposit Account Number: 503031 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charges fee(s) indicated below, except for the filing fee Charge fee(s) indicated below \mathbf{x} Credit any overpayments Charge any additional fee(s) or underpayments of fee(s) X under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES Small Entity Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) 500 250 200 100 Utility 300 150 200 100 100 50 130 65 Design Plant 200 100 300 150 160 80 300 Reissue 300 150 500 250 600 0 **Provisional** 200 100 n O O Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims Total Claims Fee (\$) Fee Pald (\$) Fee Pald (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) -3 or HP = HP = highest number of independent claims paid for, it greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) (round up to a whole number) Fees Paid(\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Issue Fee: \$1,400; Publication Fee: \$300; Patent Copies (2): 1,706.00 SUBMITTED BY

Signature Registration No. (Attorney/Agent) Patrick J.S. Inouye Date January 31, 2005

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